## ORDINANCE RECORD

## VILLAGE OF NEWBURGH HEIGHTS, OHIO

## **ORDINANCE NO. 2022-71**

INTRODUCED BY: Mayor Gigi Traore

AN ORDINANCE AUTHORIZING THE VILLAGE TO RENEW ITS VISION HEALTH INSURANCE BENEFIT PLAN WITH ANTHEM BLUE CROSS & BLUE SHIELD, AND DECLARING AN EMERGENCY.

WHEREAS, the Village wishes to renew its vision health benefits insurance policy, known as Blue View Vision Plan, with Anthem Blue Cross & Blue Shield;

NOW, THEREFORE, BE IT ORDAINED BY THE COUNCIL OF THE VILLAGE OF NEWBURGH HEIGHTS, CUYAHOGA COUNTY, OHIO, at least two-thirds of all the members elected thereto concurring, that:

Section 1. The Village Council hereby authorizes the Mayor to renew its vision health benefits insurance policy, known as Blue View Vision Plan, with Anthem Blue Cross & Blue Shield, in the form and at rates specified in the quotation attached hereto as Exhibit A, which is incorporated herein by reference as if fully rewritten.

Section 2. That it is found and determined that all formal actions of this Council concerning and relating to the adoption of this Ordinance were adopted in an open meeting of this Council, and that all deliberations of this Council that resulted in such formal action occurred in meetings open to the public, in compliance with all legal requirements, including Section 121.22 of the Ohio Revised Code.

<u>Section 3</u>. This ordinance is hereby declared to be an emergency measure necessary for the immediate preservation of the public peace, health and safety of the Village, so that the Village can avoid any gap in the vision health insurance benefit provided to certain employees; wherefore, this ordinance shall be in full force and effect from and immediately after its adoption and approval by the Mayor.

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PASSED: December 6, 2022	on of
Approved as to Form	Gigi Traore, Mayor Village of Newburgh Heights, Ohio
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Solicitor	Cathleen Nagorski, Fiscal Officer Village of Newburgh Heights, Ohio
1 <sup>st</sup> Reading:	noberonalistications:::3

## Village of Newburgh Heights Vision Benefit Summary 2023

Blue View Vision P  S10 copay  No Copay, \$130  \$130 allowance, then 20% off any remaining balance  Every 12 month  \$10 copay \$10 copay \$10 copay \$10 copay	Effective January 1, 2023	Current/Renewal	Renewal
Blue View Vision P	Insurer	Ant	hem
Network	Plan	Blue View Vi	sion Plan A3
S10 copay  Every 12 month  No Copay, \$130  \$130 allowance, then 20%  off any remaining balance  Every 12 month  \$10 copay	Network	Network	Non Network
S10 copay  Every 12 month  No Copay, \$130  \$130 allowance, then 20%  off any remaining balance  off any remaining balance  Every 12 month  \$10 copay  \$10	Examinations		Reimbursement
Ses & Frames  Ses & Frames  Ses & Frames  Sincopay	Vision Examinations	\$10 copay	Up to \$42
No Copay, \$130  \$130 allowance, then 20% off any remaining balance  Every 12 months  \$10 copay	Frequency	i	1
S130 allowance, then 20% off any remaining balance  S130 allowance, then 20% off any remaining balance  Every 12 months  \$10 copay	Frames		
\$130 allowance, then 20% off any remaining balance  Ses  \$10 copay		No Copay, \$130	
Ses \$10 copay \$1	Basic Frames	\$130 allowance, then 20%	Up to \$45
Ses \$10 copay		off any remaining balance	
\$10 copay \$10 copay \$10 copay \$10 copay \$10 copay Every 12 months	Frequency	Every 12	months
\$10 copay \$10 copay \$10 copay Every 12 months	Prescription Lenses		
\$10 copay  S10 copay  Every 12 months	Single Vision Lenses	\$10 copay	Up to \$40
\$10 copay Every 12 months	Bifocal Lenses	\$10 copay	Up to \$60
Every 12 months	Trifocal Lenses	\$10 copay	Up to \$80
2	Frequency	Every 12	months
	Contacts in Lieu of Lenses & Frames	7.72	
LAC CODES	Non-Elective/Medically Necessary	No copay	Up to \$210
Frequency Every 12 months	Frequency	Every 12	months

	Insurer		Anthem	Employee Contribution
e         17         \$6.40         \$6.40         \$6.40           em         2         \$12.80         \$12.80           em         1         \$11.81         \$11.81           n         \$18.55         \$18.55         \$18.55           n         32         \$368.81         \$368.81           r         \$4,426         \$4,426           From Current         -         0.00%	Plun	Current	Renewal	15% Monthly
em         2         \$12.80         \$12.80           em         I         \$11.81         \$11.81           n         I2         \$18.55         \$18.55           n         32         \$368.81         \$368.81           r         \$4,426         \$4,426           From Current         -         0.00%		\$6.40	\$6.40	\$0.96
enh         l         \$11.81         \$11.81           n         12         \$18.55         \$18.55           n         32         \$356.81         \$358.81           r         \$4,426         \$4,426           From Current         0.00%	Employee/ Spouse 2	\$12.80	\$12.80	\$1.92
n         32         \$18.55         \$18.55           n         32         \$368.81         \$368.81           r         \$4,426         \$4,426           From Current         -         0.00%		\$11.81	\$11.81	\$1.77
n         32         \$368.81           r         \$4,426         \$4,426           From Current         0.00%	Family 12	\$18.55	\$18.55	82.78
From Current	14	\$368.81	\$368.81	
	Annual Premium	\$4,426	\$4,426	
	Percent Change From Current		%000	

